## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
(401) 222-3040

## INSTRUCTIONS FOR FILING FICTITIOUS BUSINESS NAME STATEMENT

Section 7-1.2-402, 7-16-9, and 7-13-2 of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

- 1. Any entity organized and existing under the laws of any state or territory of the United States may transact business in this state under a fictitious business name provided that it files a Fictitious Business Name Statement (Form No. 624) with the Office of the Secretary of State, Corporations Division, at the above address.
- 2. When the Fictitious Business Name Statement is completed, signed and submitted with the correct filing fee, the Fictitious Business Name Statement shall be filed.
- 3. The proposed fictitious business name must be "distinguishable upon the records of the secretary of state." This means the Office of the Secretary of State will deny a request for a name if such name is identical to or not distinguishable from any entity, name reservation, or registration on file with the Business Section of the Corporations Division. A preliminary name availability check can be made by checking the Name Availability Database on our website, or by phoning us at the above telephone number. This preliminary check is not statutorily required, is not binding upon the Secretary of State, and does not ensure that the name will be available upon filing the Fictitious Business Name Statement. It is suggested that you do not make any financial expenditures or execute documents utilizing the name based upon a preliminary name availability check. The final determination as to availability of the name will be made when the statement is submitted for filing.
- 4. The statement must be accompanied by a filing fee of \$50.00, and payment should be made payable to the Rhode Island Secretary of State.
- 5. Upon filing the Fictitious Business Name Statement, the entity must be in good standing and current with the filing of its annual reports and the maintenance of its registered agent and registered office in this state.
- 6. The Fictitious Business Name Statement shall expire upon the filing of a Statement of Abandonment of Use of Fictitious Business Name or upon the dissolution of the applicant entity.
- 7. The Fictitious Business Name Statement shall be executed by an authorized officer, if the applicant entity is a corporation, or executed by an authorized person, if the applicant entity is a limited liability company or limited partnership.

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m.

Instructions/Form 624 Revised: 12/05 Filing Fee: \$50.00 ID Number: \_\_\_\_\_



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## FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1.	The legal name of the applicant business corporation, limited liability company or limited partnership is:	
2.	The fictitious business name to be used is	
3.	The state or territory under the laws of which it is incorporated, organized or formed is	
4.	The date of incorporation, organization or formation is	
5.	If a business corporation, the address of its registered office within Rhode Island is	
6.	If a business corporation, the business in which it is engaged	
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.	
	Under penalty of perjury, I declare that the information conta herein is true and correct.	ined
Dat	Name of Applicant Corporation, Limited Liability Company or Limited Partne	rship
	BySignature of Authorized Officer of the Corporation	
	<u>or</u>	
	By	ny
	<u>or</u>	
	BySignature of Authorized Person for the Limited Partnership	

Form No. 624 Revised: 12/05